

# Beutilash & more!

## Waxing/Hair Removal Informed Consent Form

Have you been waxed before?  No  Yes If yes, what areas? \_\_\_\_\_  
Any problems? \_\_\_\_\_

Do you take or use any products that contain the following:  Isotretinoin  Tetracycline  
 Retinoic Acid  AHA Glycolic Acid  Hydroquinone  Blood thinners  Aspirin  Anticoagulant

Have you recently had any type of chemical or glycolic peel?  No  Yes  
If glycolic, what percentage? \_\_\_\_\_ %  
If chemical, please describe: \_\_\_\_\_

Any recent surgery or dermabrasion?  No  Yes If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Any skin cancer or removal of skin cancer?  No  Yes If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

Do you have any moles, warts, abrasions, skin irritations or skin inflammation in the areas to be waxed?  No  Yes

Have you been exposed to any tanning method in the past 24 hours?  No  Yes If yes, please describe: \_\_\_\_\_

Do you have:  food allergies?  No  Yes If yes, describe: \_\_\_\_\_  
allergies to latex?  No  Yes If yes, describe: \_\_\_\_\_  
other allergies?  No  Yes If yes, describe: \_\_\_\_\_

Are you currently on any medications?  No  Yes If yes, please list name and reason for medication: \_\_\_\_\_

Have you used Accutane in the past 12 months?  No  Yes

Are you:  pregnant  trying to become pregnant  lactating  menstruating

Is there anything I should be aware of before your treatment? \_\_\_\_\_  
\_\_\_\_\_

The specific treatment protocol chosen is Waxing/Hair Removal. The Esthetician has explained the theory and any risks/complications involved, its successes and benefits.

In consideration for receiving services at Beutilash & more! LLC, I hereby release, waive, discharge, and covenant not to sue Beutilash & more! LLC, its officers, agents, servants, and employees or other business entities owned, operated or controlled either in whole or in part by Beutilash & more! LLC from any and all liability, claims, demands, actions, and causes of action related to any loss, damage, or injury that may be sustained by me or property belonging to me, whether caused by negligence or otherwise, while participating in such activity or while on Beutilash & more! LLC premises. I am fully aware of the risks involved and hazards connected with spa and salon treatments, and I voluntarily assume full responsibility for any risks of loss, property damage, or personal injury, that may be sustained by me, or any loss or damage to property owned by me as a result of being engaged in such an activity, whether caused by the negligence or otherwise.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_